



"PATENT"

**AMENDMENT TRANSMITTAL FORM**

In re application of: Richard A. Demmin et al  
U. S. Serial No.: 09/869,987  
Filed: January 14, 2000  
For: HYDROFINING PROCESS USING BULK  
GROUP VIII/GROUP VIB CATALYSTS

)  
) Before the  
) Applications Branch  
)  
) Family Number: P1997J057D

**COMMISSIONER FOR PATENTS**  
Washington, D.C. 20231

Sir:

☒ The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231, on November 22, 2002.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ \_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	*	Minus	**		x 18.00	
Indep. Claims	*	Minus	***		x 84.00	
MULTIPLE DEPENDENT CLAIM FEE					\$280.00	
FEE FOR CLAIM CHANGES						

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this REQUEST TO CORRECT INVENTORSHIP PURSUANT TO 37 CFR 1.48(a), including claim changes and any extension of time is calculated to be \$ 0.

☒ Charge \$ 0 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330.  
A duplicate copy of this Form is enclosed.

Date of Signature

Post Office Address: [to which correspondence is to be sent]

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Attorney or Agent of Record

GEORGE B. GEORGELLIS

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☒ Pursuant to 37 CFR 1.34(a)



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